

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 15 1952

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|--|-------------------------------|--|------------------------------------|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>374</u> | | PRIMARY REG. DIST. NO. <u>4648</u> | | Registrar's No. <u>31</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Worth</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth Missouri</u> | | c. LENGTH OF STAY (In this place) <u>All of life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>John and around Worth Mo</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homed of Daughter</u> | | | | d. STREET ADDRESS (If rural, give location) <u>All of Life 1130</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> | | b. (Middle) <u>Ernest</u> | | c. (Last) <u>Canaday</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 9 1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u> | 8. DATE OF BIRTH <u>Aug 8 1889</u> | | 9. AGE (In years last birthday) <u>63</u> Months <u>2</u> Days <u>1</u> If under 1 year: Hours <u>4</u> Min. <u>4</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Trucker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Elmer Canaday</u> | | 13b. MOTHER'S MAIDEN NAME <u>Melvin Lewis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ruth Canaday</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Kathern Lambert</u> ADDRESS <u>Worth Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION _____ | | | | 19b. MAJOR FINDINGS OF OPERATION. <u>4201</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 19 <u>52</u> , to <u>Oct 9</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>Oct 9</u> , 19 <u>52</u> , and that death occurred at <u>7 p.m.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Charles N. Williamson</u> (Degree or title) <u>Do</u> | | | | 23b. ADDRESS <u>Gentry Mo</u> | | 23c. DATE SIGNED <u>Oct 10-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct 11-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenridge</u> | | 24d. LOCATION (City, town, or county) (State) <u>Gentry Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct 11-1952</u> | | REGISTRAR'S SIGNATURE <u>John E. Dawson</u> | | FEDERAL DIRECTOR'S SIGNATURE <u>John Anderson</u> | | ADDRESS <u>Grant City Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 29 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

John Andrews

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Andrews

Licensed Embalmer No. *4211*

P. O. Address *Grant City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.